## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

09945305

| CLAIMS AS FILED - PART I  |  |   |                     |                               |              |                          |            | SMALL ENTITY        |                        | OTHER THAN |   | THAN                   |
|---|--|---|---------------------|-------------------------------|--------------|--------------------------|------------|---------------------|------------------------|------------|---|------------------------|
|   |  |   | (Column 1)          |                               | (Column 2)   |                          | , 1        | TYPE                |                        | OR         | SMALL ENTITY                            |                        |
| TOTAL CLAIMS  |  |   |                     |                               |              |                          |            | RATE                | FEE                    |            | RATE                                    | FEE                    |
| FOR   |  |   | NUMBER FILED        |                               | NUMBER EXTRA |                          |            | BASIC FEE           | 355.00                 | OR         | BASIC FEE                               | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 28 minus 20=        |                               | . &          |                          |            | X\$ 9=              |                        | OR         | X\$18=                                  | 144                    |
| INDEPENDENT CLAIMS  |  |   | √ minus 3 =         |                               | 1            |                          |            | X40=                |                        | OR         | X80=                                    | 80                     |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT              |                               |              |                          |            | +135=               |                        | OR         | +270=                                   | 20.0                   |
| • If  | the difference                                 | in column 1 is                            | less than ze        | ro, ente                      | r "0" in c   | olumn 2                  | ı          | TOTAL               |                        | OR         | TOTAL                                   | G34                    |
| CLAIMS AS AMENDED - PAR   |  |   |                     |                               |              |                          |            | `                   |                        |            | OTHER                                   | THAN                   |
| (Column 1)  |  |   | (Colum              |                               |              | (Column 3)               | _          | SMALL E             | ENTITY                 | OR         | SMALL                                   | ENTITY                 |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA         |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | - 28                                      | Minus               | • 6                           | 78           | = /                      |            | X\$ 9=              |                        | OR         | X\$18=                                  | 1                      |
|   | Independent                                    | · 4                                       | Minus               |                               | 4<br>CLAIM   | = 4                      | <b>!</b> [ | X40=                |                        | OR         | X80=                                    | (f)                    |
| سا  | TINOT TREBE                                    | THE POST OF THE                           | OCINI CE OCI        | LINDEN                        |              |                          | '          | +135=               |                        | OR         | +270=                                   | $\gamma$               |
|   |  | -   | TOTAL<br>ADDIT, FEE |                               | OR           | TOTAL<br>ADDIT, FEE      |            |                     |                        |            |   |                        |
| •   |  | (Column 1)                                | (Column 2) (Colum   |                               |              |                          |            |                     |                        |            | , |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGH<br>NUM<br>PREVI<br>PAID  | BER          | PRESENT<br>EXTRA         |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | · 28                                      | Minus               | * 6                           | B            | =                        |            | X\$ 9=              | _                      | OR         | X\$18=                                  |                        |
|   | Independent                                    | NTATION OF M                              | Minus               | ***                           | 1            | =                        | 4 [        | X40=                |                        | OR         | X80=                                    |                        |
|   | I /  | <b>,</b>                                  | +135=               |                               | OR           | +270=                    |            |                     |                        |            |   |                        |
| ď   | 1000   |   |                     |                               |              |                          | _          | TOTAL<br>ADDIT, FEE |                        | OR         | TOTAL<br>ADDIT, FEE                     |                        |
| Γ   | 1. (1)   | (Column 1)                                |                     | (Colu                         | mn 2)        | (Column 3)               |            |                     |                        |            |   |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGH<br>NUM<br>PREVI<br>PAID  | BER          | PRESENT<br>EXTRA         | ][         | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | ∙98                                       | Minus               | ••                            |              | =                        | 11         | X\$ 9=              |                        | OR         | X\$18=                                  | ï                      |
|   | Independent                                    | • 4                                       | Minus               | ***                           |              | <u> -</u>                | 1 [        | X40=                |                        | OR         | X80=                                    |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                     |                               |              |                          |            |                     |                        |            | 070                                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FFE |  |   |                     |                               |              |                          |            |                     |                        | OR         | +270=                                   |                        |
| **  | f the "Highest Nu                              | mber Previously Promiser Previously P     | aid For IN THI      | S SPACE                       | is less tha  | n 20, enter <b>*2</b> 0. | )." A      | DOIT. FEE           |                        | OR         | ADDIT. FEE                              |                        |
|   | The Highest Nur                                | aber Previously Pa                        | id For (Total e     | Independ                      | lent) is the | highest numbe            | er fou     | nd in the app       | cod etainqon           | in oc      | lumn 1.                                 |                        |